

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-020786

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 184

1. PLACE OF DEATH

a. COUNTY

Marion

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN HannibalLength of stay in 1b
5 Days.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. Elizabeth Hosp.Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Marion

c. CITY
OR
TOWN Monroe CityInside Limits
Yes ☐ No ☒d. STREET
ADDRESS R.F.D. #3.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Michael Kent Fible

4. DATE
OF
DEATH

Month

Day

Year

May 16, 1963

5. SEX
Male6. COLOR OR RACE
White7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐8. DATE OF BIRTH
4/29/'529. AGE (last birthday)
11IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Student10b. KIND OF BUSINESS OR INDUSTRY
-----11. BIRTHPLACE (City and state or country)
Hannibal, Missouri12. CITIZEN OF WHAT COUNTRY
U.S.

13a. FATHER'S NAME

Harry D. Fible

13b. MOTHER'S MAIDEN NAME

Edith Lorene Webb.

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mr. Harry D. Fible, M. City, Mo.

18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Rhabdomyosarcoma of base of the tongue

INTERVAL BETWEEN
ONSET AND DEATH

1 1/2 yrs.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Metastases to both lungs

DUE TO (c)

1 month

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5-12-63 to 5-16-63 and last saw her alive on 5-16-63
Death occurred at 1:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert J. Lanning M.D.

22b. ADDRESS

115 N. 5th St. Hannibal, Mo.

22c. DATE SIGNED
5-21-6323a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial

23b. DATE

May 18, 1963

23c. NAME OF CEMETERY OR CREMATORY

Lutheran Cemetery.

23d. LOCATION (City, town, or county)

West Ely, Missouri.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Harold V. Garner, Monroe City Mo.

25. DATE RECD. BY LOCAL REG.

May 23, 1963

26. REGISTRAR'S SIGNATURE

Dr. E. M. Luecke by Lillian M. Herman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1 0648

2 06402

3

4 0

5 0

6

7 0

8 0

9 141.0

10

11

12 2-0

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3720

P. O. Address Moore City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit received 5/23/63